



**Pillow Academy**  
Mrs. Catherine Fisher  
Director of Admissions

69601 Highway 82 West  
Greenwood, MS 38930

662-453-1266  
[cfisher@pak12.com](mailto:cfisher@pak12.com)

[www.PillowAcademy.com](http://www.PillowAcademy.com)

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## APPLICATION FOR ADMISSION – PROSPECTIVE STUDENTS

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2019-2020

Application for New Families: This packet is for a family that has never had a student enrolled at Pillow Academy. Please complete the student information for EACH student who will be attending PA during the 2019-2020 school year.

All completed paperwork must be received by February 11, 2019.

Print the complete Admission packet which includes the following:

- \_\_\_\_\_ **Checklist for grade level in 2019-2020**
- \_\_\_\_\_ **Application for Admission**
- \_\_\_\_\_ **Financial Agreement**
- \_\_\_\_\_ **Educational Contract** (Please be sure to complete and sign contract.)

This admission application is due by Monday, February 11, 2019, for the applicant's intended entry in **August 2019**. A non-refundable **\$200** processing fee must accompany all applications.

Please return all forms and information to:

**Pillow Academy**  
**Mrs. Catherine Fisher, Director of Admissions**  
69601 Highway 82 West  
Greenwood, MS 38930

**APPLICATION FOR ADMISSION  
PILLOW ACADEMY 2019-2020**

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New Students at Pillow Academy are required to provide the following: (Please see the appropriate grade level.)

**K4                      Students entering K4**

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record..
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Registration Packet
  - Application for Admission
  - Financial Agreement
  - Educational Contract
- \$200.00 Registration Fee

**K5                      Students entering K5**

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Registration Packet
  - Application for Admission
  - Financial Agreement
  - Educational Contract
- \$200.00 Registration Fee
- Pillow Academy Developmental Testing

**1<sup>st</sup>-5<sup>th</sup>                      Students entering 1<sup>st</sup> through 5<sup>th</sup> Grades**

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Registration Packet
  - Application for Admission
  - Financial Agreement
  - Educational Contract
- \$200.00 Registration Fee
- Most Recent Report Card
- Achievement Test Scores
- Contact information from previous school attended

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**6<sup>th</sup> – 8<sup>th</sup>**

**Students entering 6<sup>th</sup> through 8<sup>th</sup> Grades**

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Registration Packet
  - Application for Admission
  - Financial Agreement
  - Educational Contract
- \$200.00 Registration Fee
- Most Recent Report Card
- Achievement Test Scores
- Contact information from previous school attended
- Drug Test: All applicants must complete and pass a drug test screening process prior to acceptance at Pillow Academy. This screening will be at the parents' expense.

**9<sup>th</sup>-12<sup>th</sup>**

**Students entering 9<sup>th</sup> through 12<sup>th</sup> Grades**

- Certified Birth Certificate – a certified copy of your child’s Birth Certificate to remain at Pillow Academy as a part of his/her permanent record.
- Copy of Social Security Card
- Mississippi Immunization Certificate
- Registration Packet
  - Application for Admission
  - Financial Agreement
  - Educational Contract
- \$200.00 Registration Fee
- Most Recent Report Card
- Achievement Test Scores
- Transcript
- Contact Information from previous school attended
- Drug Test: All applicants must complete and pass a drug test screening process prior to acceptance at Pillow Academy. This screening will be at the parents' expense.
- Pillow Academy Admission Test

**APPLICATION FOR ADMISSION  
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Please print or type information.

**New Student 1:**

Full Name \_\_\_\_\_ Application for Grade \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Race  African-American  Asian  
Gender \_\_\_\_\_  Caucasian  Hispanic  
 Other \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
P.O. Box or Street  
City State Zip  
Student Cell Phone \_\_\_\_\_

Name of present school if other than Pillow \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box or Street  
City State Zip

Has the applicant ever been expelled, denied re-enrollment at a school, or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any major school disciplinary action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is applicant currently taking prescribed medication(s)? \_\_\_\_\_ If yes, please provide the name(s) of the medication(s): \_\_\_\_\_  
\_\_\_\_\_

Please explain any medical concerns or needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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Please print or type information.

**New Student 2:**

Full Name \_\_\_\_\_ Application for Grade \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Race  African-American  Asian

Gender \_\_\_\_\_  Caucasian  Hispanic

Other \_\_\_\_\_

Student's Address \_\_\_\_\_  
P.O. Box or Street

Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Name of present school if other than Pillow \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box or Street

City State Zip

Has the applicant ever been expelled, denied re-enrollment at a school, or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any major school disciplinary action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is applicant currently taking prescribed medication(s)? \_\_\_\_\_ If yes, please provide the name(s) of the medication(s): \_\_\_\_\_

Please explain any medical concerns or needs: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICATION FOR ADMISSION  
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Please print or type information.

**New Student 3:**

Full Name \_\_\_\_\_ Application for Grade \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Race  African-American  Asian

Gender \_\_\_\_\_  Caucasian  Hispanic

Student's Address \_\_\_\_\_  Other \_\_\_\_\_  
P.O. Box or Street

Home Phone \_\_\_\_\_  
City State Zip

Student Cell Phone \_\_\_\_\_

Name of present school if other than Pillow \_\_\_\_\_

Address \_\_\_\_\_

P.O. Box or Street

City State Zip

Has the applicant ever been expelled, denied re-enrollment at a school, or counseled not to return to a school? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any major school disciplinary action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Has the applicant ever been the subject of any law enforcement action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

Is applicant currently taking prescribed medication(s)? \_\_\_\_\_ If yes, please provide the name(s) of the medication(s): \_\_\_\_\_

Please explain any medical concerns or needs: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICATION FOR ADMISSION  
PILLOW ACADEMY 2019-2020**

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Please complete all information below. Print or type.

Father's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Business Number \_\_\_\_\_

Pillow Alumni Year \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Business Number \_\_\_\_\_

Pillow Alumni Year \_\_\_\_\_

Maiden Name \_\_\_\_\_

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Check all that apply:

- Parents Married       Parents Separated       Joint Custody  
 Single Parent       Divorced       Mother Deceased       Father Deceased

- Student lives with       Mother & Father       Mother       Father       Guardian(s)  
 Stepmother       Stepfather

If parents are divorced or separated, to whom should correspondence be sent?

- Both Parents       Mother       Father

If parents are divorced, who has legal custody?

- Joint Custody       Mother       Father

Name of contact NOT at student's home: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**FINANCIAL AGREEMENT  
PILLOW ACADEMY 2019-2020**

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**Registration Fee:** \$200.00. Payment must be submitted with application.

**Pledge Fee:** \$240.00. All new families must make a pledge of \$240.00. Pledge payment of \$240.00 may be paid in full (per year) or \$20.00 monthly per family as long as they have a child enrolled.

**2019-2020 Tuition:** Tuition may be paid according to Plan I – Monthly payments or Plan II- Payment in full.

**Plan I – Payment by Month**

Tuition Amt.	Monthly Payment		x No. of Students	Total
\$ 4,930.00	\$ 410.83	K4	_____	\$ _____
\$ 5,120.00	\$ 426.67	K5	_____	\$ _____
\$ 6,450.00	\$ 537.50	Grades 1 - 5	_____	\$ _____
\$ 6,555.00	\$ 546.25	Grades 6-12	_____	\$ _____
		Pledge		+ \$20.00
		Total of Monthly Payment		\$ _____

**Plan I** is a choice of monthly (May 2019-April 2020) drafts that will occur on dates indicated below or monthly post-dated checks deposited on dates indicated below. Please circle the type of Payment and Preferred Date of Payments.

Bank Draft					Post-Dated Checks				
Date of Drafts	1 <sup>st</sup>	5 <sup>th</sup>	10 <sup>th</sup>	15 <sup>th</sup>	Date to Deposit Checks	1 <sup>st</sup>	5 <sup>th</sup>	10 <sup>th</sup>	15 <sup>th</sup>
Enclose voided check if drafting payment					Enclose 12 post-dated checks				

**Plan II – Payment in Full**

Tuition Amt.	3% Discount	Balance	Grade	x No. of Students	Total
\$ 4,930.00	\$ 147.90	\$ 4,782.10	K4	_____	\$ _____
\$ 5,120.00	\$ 153.60	\$ 4,966.40	K5	_____	\$ _____
\$ 6,450.00	\$ 193.50	\$ 6,256.50	Grades 1-5	_____	\$ _____
\$ 6,555.00	\$ 196.65	\$ 6,358.35	Grades 6-12	_____	\$ _____
			Pledge		+ \$240.00
			Total of Payment		\$ _____

**Plan II** is a One-Time payment for full tuition and pledge amount. A post-dated check dated no later than March 31, 2019, must be included with your registration packet – due by February 11, 2019. No exceptions! Plan II payment made after March 31, 2019, will not receive the 3% discount.



**GREENWOOD LEFLORE EDUCATIONAL FOUNDATION, INC.**

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**Bank Draft Authorization Form**

**Please complete this bank draft authorization form and return along with a voided check.**

Name of Bank: \_\_\_\_\_

City/State of Bank: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Amount of Draft: \$ \_\_\_\_\_ Date of Draft: 1<sup>st</sup> 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup>

I hereby authorize Greenwood-Leflore Educational Foundation, Inc. to draw monthly drafts against my bank account. I further authorize the bank to pay and charge to my account monthly checks drawn in the amount listed above.

The above authorization is to remain in force until revoked by me in writing.

\_\_\_\_\_  
Signature accepted by Bank

**\*\*\* A VOIDED CHECK MUST ACCOMPANY THIS FORM \*\*\***  
Attach Check Here

EDUCATIONAL CONTRACT  
PILLOW ACADEMY 2019-2020

EDUCATIONAL CONTRACT  
GREENWOOD – LEFLORE EDUCATIONAL FOUNDATION, INC.



<b>Total Tuition</b>	\$ _____
<b>Discount</b>	\$ _____
<b>Other</b>	\$ _____
<b>Tuition Payable</b>	\$ _____
<b>Annual Pledge</b>	\$ _____
<b>Registration</b>	\$ _____
<b>Total Payable</b>	\$ _____

This contract made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_, hereinafter called the parent, guardians, or persons in loco parentis, and GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC., a Mississippi non-profit corporation, hereinafter called the corporation.

WITNESSETH: For and in consideration of the sum of \$ \_\_\_\_\_ due and payable as set out in this contract, GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC. does hereby agree to provide education under a fully accredited curriculum in accordance with the rules and regulations as promulgated by its Board of Directors to the child or children listed below in the grade level for which said child or children are enrolled for the **2019-2020 school year**. Persons enrolling said child or children as the parents, guardians, or persons in loco parentis hereby give their consent that the child or children enrolled hereunder will be subject to all rules and regulations of the corporation as promulgated by the Board of Directors. It is specifically understood by the persons enrolling the child or children hereunder that the rules and regulations of the corporation provide for a random drug testing/screening for all students to detect and prevent illegal drug use. Said parents, guardians, or persons in loco parentis hereby consent and agree that said children enrolled hereunder may be corporally punished by the Administration under appropriate circumstance without notice to them and will be administrated random drug tests/screens. I have read and fully understand the drug testing/screening policy and do hereby release the corporation from any liability whatsoever arising as a result of the drug testing/screening program.

This contract is essential in order that the corporation may secure and maintain the necessary faculty and physical facilities for the education of the children which the parents, guardians, or persons in loco parentis, wish to enroll in its schools for the **2019-2020 SESSION**. I understand that in signing this Enrollment Contract for the coming academic year, I am agreeing to accept the rules and regulations of the school as stated in the current Student and Athletic Handbooks and the rule concerning payment of fees and as referred to above. I understand that I am responsible for the full amount of this contract unless released for the remainder of balance, by the Board of Directors and that I will not be eligible for any refund unless having paid tuition in full. Furthermore, I agree to the policy of the school that no student will be permitted to take examinations nor will grades and transcripts be released unless the account has been paid in full.

**EDUCATIONAL CONTRACT**  
**PILLOW ACADEMY 2019-2020**

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The undersigned acknowledge and agree that the Greenwood-Leflore Educational Foundation, Inc. retains the right at any time during the period of this contract to terminate this contract and dismiss the students(s) from Pillow Academy if, in the discretion of the Administration, such action is warranted. In the event the student(s) is dismissed from the academy pursuant to and in accordance herewith, then in that event, the unearned portion of the tuition (per student) shown on the contract shall constitute full damages and liquidated damages in favor of the affected student, his parents, guardians, and persons in loco parentis.

The GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC. admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC. does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

_____	_____
Student	Grade
_____	_____
Student	Grade
_____	_____
Student	Grade
_____	_____
Student	Grade

For value received I/We, jointly and severally, promise to pay to the order of GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC., a Mississippi non-profit corporation, \$ \_\_\_\_\_ paid in \_\_\_\_\_ equal consecutive installments on the same day of each succeeding month thereafter until all said equal installments are paid or in one lump sum payment.

In the event of default in making payment of any installment on the date required, the holder may declare due and payable the entire unpaid balance of the note. I/We hereby authorize Greenwood Leflore Educational Foundation, Inc. to automatically draft my account in the amount of \$25.00 for every check and/or bank draft which is returned as unpaid until such authorization is revoked in writing.

The makers, guarantors, and endorsers of this note hereby waive presentment, demand protest, and notice of dishonor and hereby agree to remain bound for the payment of this note notwithstanding any extension or extensions of time payment of it, or any part of it, made by agreement with any one of more parties hereto, and agree to pay all expenses incurred in collecting the same, including a 15% attorney's fee in case this note shall not be paid at maturity or when declared due and payable as provided herein. It shall be payable in lawful money of the United States of America acceptable as legal tender under the acts of congress.

Negotiable and payable at GREENWOOD-LEFLORE EDUCATIONAL FOUNDATION, INC.

\_\_\_\_\_  
Signature of Parent, Guardian, and Person in Loco Parentis

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip